



- MUST USE MOST **CURRENT FORM**
- **PRINT CLEARLY IN BLACK INK**
- **MAKE SURE ENTIRE CIRCLE IS FILLED**

EXAMPLE:

Yes ☒ No ☐

COMPANY / LETTER OF AUTHORITY / SCHOOL RENEWAL

COMPANY / LETTER OF AUTHORITY / SCHOOL INFORMATION

I understand that my qualified manager must have an **active registration as manager** before the company's renewal can be completed. Yes ☐ No ☐

I understand that I must have a valid and acceptable **Certificate of Proof of Liability Insurance** on file with the Private Security Bureau at the time of my renewal. Yes ☐ No ☐

↑ THE ABOVE SPACE IS RESERVED FOR OFFICE USE ONLY ↓

I understand that the renewal period for my license is the month before the expiration month of my license. Yes ☐ No ☐

My company/school license will expire on the last day of: (MM/YYYY) /

Company/
School Name

Company/School
License Number

Mailing
Address

City

State
(2-Digit Code)

ZIP

Is the company/school **Physical Address** different from the Mailing Address listed above? Yes ☐ No ☐ * If yes, please provide physical address below.

Physical
Address

City

State
(2-Digit Code)

ZIP

Manager's Printed
Last Name

First
Name

Manager's Social
Security Number

- -

Company
Phone ()

Company
Fax ()

Company
Email

Printed Last Name Of Person Signing
(IF DIFFERENT FROM MANAGER LISTED ABOVE)

Printed
First Name

TYPE OF RENEWAL (CHECK ONLY ONE)

FEE (ONLY ONE)

CLASS	LICENSE DESCRIPTION	ORIGINAL RENEWAL FEE	+	SUBSCR. FEE	=	TOTAL	<input type="radio"/> LATE FEE (0-90 DAYS)	<input type="radio"/> LATE FEE (OVER 90 DAYS)
<input type="radio"/> A	Investigations Company	\$350	+	\$11	=	\$361	Add \$175	Add \$350
<input type="radio"/> B	Security Contractor Company	\$400	+	\$12	=	\$412	Add \$200	Add \$400
<input type="radio"/> C	Investigations/Security Contractor Company	\$540	+	\$16	=	\$556	Add \$270	Add \$540
<input type="radio"/> F & O	School	\$350	+	\$11	=	\$361	Add \$175	Add \$350
<input type="radio"/> P & X	Letter of Authority	\$225	+	\$7	=	\$232	Add \$112. ⁵⁰	Add \$325

PAYMENT INFORMATION

I am submitting the appropriate fee(s) with this application **by mail**. Yes ☐ *If yes, a PSB-50 form **must** be submitted with this application.
(Note: Payment must be in the form of a cashier's check, money order or company check.) No ☐

I understand that all fees submitted to Private Security are **non-refundable**, are **not** transferable and that, in accordance with Administrative Rule 35.77, I will have **90 days** from the date the application is received by the Department to turn in all required documentation, supplemental information and/or fees OR this application will be abandoned and I will be required to reapply. Yes ☐ No ☐

I verify that the information provided is true and correct, and I understand that this is an **official Government record** and that any false statement made on this document or any other supplement provided to the Department may result in **criminal prosecution**.

Manager, Manager's Designee or Owner Signature _____ Date ____ / ____ / ____

This form and attachments can be forwarded by mail to:

**Texas Department of Public Safety
Private Security MSC 0242
PO Box 15999
Austin, TX 78761-5999**